

● PRINTER RUSH ● (PTO ASSISTANCE)

Application : 09/096999 Examiner : W GAU : 288

From: CT Location: IDC FMF FDC Date: _____

Location: IDC FMF FDC

GAU: JMB

Tracking #: 06079207 Week Date: 2/21/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	14/22/04	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Claim 23 depends on canceled claim 23.
Please resolve. Thank you.

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04